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## Health and Community Fair Vendor Registration Form

Date:		_		
Vendor:				
Contact Name:				
Address:				
Phone:	Fax:			
E-mail:				
Pricing: (Please circle one)	Table Slot Cost: Business Vendor \$50.00 Food Vendor \$100.00			
Make payment payabl	e to: Southern Asi	an SDA Church (re	f: Community Fair)	
Please Note Condition	ns: NO ALCOH	NO ALCOHOL and SMOKING on SASDAC Premises		
SASDAC Representat	tive:			
Vendor			SASDAC	
Payment Status: Check No:		Paid Da	ite:	
For more information contact: Joel David		e-mail: jedav	rid1@msn.com	